

| POSITION                  | INITIALS    | ID NO. | DATE     |
|---------------------------|-------------|--------|----------|
| FEE DETERMINATION         | <i>Mary</i> |        | 8/5/00   |
| O.I.P.E. CLASSIFIER       |             |        | 8/1/00   |
| FORMALITY REVIEW          | <i>SL</i>   | IC809  | 9/1/5/00 |
| RESPONSE FORMALITY REVIEW |             |        |          |

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## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

| Claim | Final | Original | Date   |
|-------|-------|----------|--------|
| 1     | ✓     | ✓        | 8/1/00 |
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| 3     | 0     | 0        |        |
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| 5     | 0     | 0        |        |
| 6     | 0     | 0        |        |
| 7     | ✓     | ✓        |        |
| 8     | 0     | 0        |        |
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| 14    | 0     | 0        |        |
| 15    | 0     | 0        |        |
| 16    | ✓     | 0        |        |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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